	Thrombocytopenia (Platelet count < 150,000)	
	Updated 09/25/2019	
	EVALUATION DATA	DISPOSITION
A. <u>5 or more years ago</u> Most recent event/diagnosis	No symptoms, no abnormal bleeding events, or current problems. No ongoing treatment OR surveillance needed.	ISSUE Summarize this history in Block 60.
B. Less than 5 years ago	Treating physician report verifies condition has	
Due to: Drugs (including HIT*), Infection (now resolved), Pregnancy, etc.	 resolved or, if due to a medication, it has been stopped with no plan to re-start. No symptoms, no abnormal bleeding events, or current problems. No ongoing treatment OR surveillance needed. 	ISSUE Summarize this History in Block 60
*Heparin induced thrombocytopenia	Note: If an underlying condition is identified, see that section . Example: Thrombocytopenia due to chemotherapy, malignancy, autoimmune disorders, or alcohol use.	
C. Less than 5 years ago	See CACI worksheet	Follow the CACI –
Immune thrombocytopenia (ITP)	Note: CACI is for Chronic ITP only. All other causes of thrombocytopenia, See item "D. All Others" below.	Chronic Immune Thrombocytopenia (c-ITP) Worksheet Annotate Block 60.
D. All others	Submit the following to the FAA for review:	
	 Current status report from the treating Hematologist with diagnosis, treatment plan and prognosis; If an underlying cause is identified, the status report should include diagnosis, treatment plan, prognosis, and adherence to treatment for this condition; List of medications and side effects, if any; Operative notes and discharge summary (if applicable); Copies of imaging reports or other lab (if already performed by treating hematologist); and CBC within the past 90 days. 	Submit the information to the FAA for a possible Special Issuance. Follow up Issuance Will be per the airman's authorization letter.